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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/687,223	10/15/2003	Peter J. Kachler	110.0010001	2931

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EXAMINER

ALTSCHUL, AMBER L

ART UNIT	PAPER NUMBER
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3626

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PAPER

Please find below and/or attached an Office communication concerning this application or proceeding.

The time period for reply, if any, is set in the attached communication.

AK

Office Action Summary

Application No.

10/687,223

Applicant(s)

KAEHLER ET AL.

Examiner

AMBER L. ALTSCHUL

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-- The MAILING DATE of this communication appears on the cover sheet with the correspondence address --

Period for Reply

A SHORTENED STATUTORY PERIOD FOR REPLY IS SET TO EXPIRE 3 MONTH(S) OR THIRTY (30) DAYS, WHICHEVER IS LONGER, FROM THE MAILING DATE OF THIS COMMUNICATION.

- Extensions of time may be available under the provisions of 37 CFR 1.136(a). In no event, however, may a reply be timely filed after SIX (6) MONTHS from the mailing date of this communication.
- If NO period for reply is specified above, the maximum statutory period will apply and will expire SIX (6) MONTHS from the mailing date of this communication.
- Failure to reply within the set or extended period for reply will, by statute, cause the application to become ABANDONED (35 U.S.C. § 133). Any reply received by the Office later than three months after the mailing date of this communication, even if timely filed, may reduce any earned patent term adjustment. See 37 CFR 1.704(b).

Status

- 1) ☒ Responsive to communication(s) filed on 24 October 2007.
- 2a) ☐ This action is FINAL. 2b) ☒ This action is non-final.
- 3) ☐ Since this application is in condition for allowance except for formal matters, prosecution as to the merits is closed in accordance with the practice under *Ex parte Quayle*, 1935 C.D. 11, 453 O.G. 213.

Disposition of Claims

- 4) ☒ Claim(s) 1-34 is/are pending in the application.
- 4a) Of the above claim(s) 13-18, 31, 33 and 34 is/are withdrawn from consideration.
- 5) ☐ Claim(s) _____ is/are allowed.
- 6) ☒ Claim(s) 1-12, 19-30 and 32 is/are rejected.
- 7) ☐ Claim(s) _____ is/are objected to.
- 8) ☐ Claim(s) _____ are subject to restriction and/or election requirement.

Application Papers

- 9) ☐ The specification is objected to by the Examiner.
- 10) ☐ The drawing(s) filed on _____ is/are: a) ☐ accepted or b) ☐ objected to by the Examiner.
Applicant may not request that any objection to the drawing(s) be held in abeyance. See 37 CFR 1.85(a).
Replacement drawing sheet(s) including the correction is required if the drawing(s) is objected to. See 37 CFR 1.121(d).
- 11) ☐ The oath or declaration is objected to by the Examiner. Note the attached Office Action or form PTO-152.

Priority under 35 U.S.C. § 119

- 12) ☐ Acknowledgment is made of a claim for foreign priority under 35 U.S.C. § 119(a)-(d) or (f).
- a) ☐ All b) ☐ Some * c) ☐ None of:
1. ☐ Certified copies of the priority documents have been received.
 2. ☐ Certified copies of the priority documents have been received in Application No. _____.
 3. ☐ Copies of the certified copies of the priority documents have been received in this National Stage application from the International Bureau (PCT Rule 17.2(a)).

* See the attached detailed Office action for a list of the certified copies not received.

Attachment(s)

- | | |
|---|---|
| 1) <input checked="" type="checkbox"/> Notice of References Cited (PTO-892) | 4) <input type="checkbox"/> Interview Summary (PTO-413)
Paper No(s)/Mail Date. _____ |
| 2) <input type="checkbox"/> Notice of Draftsperson's Patent Drawing Review (PTO-948) | 5) <input type="checkbox"/> Notice of Informal Patent Application |
| 3) <input checked="" type="checkbox"/> Information Disclosure Statement(s) (PTO/SB/08)
Paper No(s)/Mail Date <u>See Continuation Sheet</u> . | 6) <input type="checkbox"/> Other: _____ |

Continuation of Attachment(s) 3). Information Disclosure Statement(s) (PTO/SB/08), Paper No(s)/Mail Date :October 15, 2003, March 29, 2006, and April 2, 2007.

DETAILED ACTION

1. Claims 1-34 have been presented for examination. Claims 13-18, 31, and 33-34 have been cancelled. Claims 1-12, 19-30, and 32 are pending in the present application.

Information Disclosure Statement

2. The information disclosure statements (IDS) submitted on October 15, 2003, March 29, 2006, and April 2, 2007 is in compliance with the provisions of 37 CFR 1.97. Accordingly, the information disclosure statement is being considered by the examiner.

Claim Rejections - 35 USC § 102

3. The following is a quotation of the appropriate paragraphs of 35 U.S.C. 102 that form the basis for the rejections under this section made in this Office action:

A person shall be entitled to a patent unless -
(b) the invention was patented or described in a printed publication in this or a foreign country or in public use or on sale in this country, more than one year prior to the date of application for patent in the United States.

4. Claims 1-12, 19-30, and 32 are rejected under 35 U.S.C. 102(b) as being anticipated by United States Patent Application Publication Number US 2002/0049617, Lencki, et al., hereinafter Lencki.

5. As per claim 1, Lencki teaches a system for benefits management, comprising:
a server including an application interface and access to a data store having one or more client files, wherein a client file can include a definable set of business rules for managing and administering benefits and can include fund use rules for accessing and applying funds to claims from one or more accounts, (page 9, para. 146 and page 22, para. 258); and
a program operable on the server to apply the definable set of business rules in connection with processing a claim, (page 9, para. 146 and page 22, para. 258).

6. As per claim 2, Lencki teaches the system of claim 1 as described above. Lencki further teaches wherein the one or more accounts are selected from the group of:

- a health reimbursement arrangement (HRA) account;
- a flex spending account (FSA), (page 8, para. 131);
- a vacation account;
- a fitness club account, (page 8, para. 133);
- a retiree health benefits account, (pages 3-4, para. 80 and page 7, para. 119); and
- a salon account.

7. Regarding claim 3, Lencki teaches the system of claim 1 as described above. Lencki further teaches wherein the definable set of business rules are definable by a plan sponsor of a health insurance plan, (page 27, para. 313 and page 28, para. 315).

8. Regarding claim 4, Lencki teaches the system of claim 1 as described above. Lencki further teaches wherein the one or more client files include plan sponsor files associated with a health care insurance plan, (page 28, paragraphs 314 and 316).

9. Regarding claim 5, Lencki teaches the system of claims 1 and 4 as described above. Lencki further teaches wherein the program can track adjudicated claims submitted by a plan member and can apply the definable set of business rules to manage available funds in a flexible spending account (FSA) and a health reimbursement arrangement (HRA) account secondary to application of a plan carrier's business roles for the health care insurance plan, (page 8, para. 131, page 9, para. 146 and page 22, para. 258).

10. Regarding claim 6, Lencki teaches the system of claim 1 as described above. Lencki further teaches wherein the definable set of business rules include:

a selection of which funds between a flexible spending account (FSA) and a health reimbursement arrangement (HRA) are to be applied first to an adjudicated claim determined among selected categories within particular classes of services, (page 8, para. 131, page 9, para. 146 and page 22, para. 258); and

a selection of a payment relationship between a plan sponsor and a plan member among selected categories within particular classes of services, (page 3, para. 78, page 4, para. 81 and page 28, paragraphs 314 and 316).

11. Regarding claim 7, Lencki teaches the system of claims 1 and 6 as described above. Lencki further teaches wherein the selected categories include categories, (page 1, para. 9), selected from the group of:

- an insured category, (page 1, para. 9);
- a co-pay category, (page 27, para. 312);
- a deductible category, (page 15, para. 190);
- a co-insurance category;
- and an ineligible category, (page 11, para. 157).

12. Regarding claim 8, Lencki teaches the system of claims 1 and 6 as described above. Lencki further teaches wherein particular classes of services include in-network classes and out-of-network classes for services selected from the group of:

- a preventive care service, (page 8, para. 139);
- an office visit, (page 9, para. 143);
- a hospital service, (page 15, para. 190);
- an urgent care center service;

a prescription service, (page 15, para. 190);

a dental service, (page 15, para. 190);

a vision service;

a chemical dependency service;

and an emergency room service.

13. Regarding claim 9, Lencki teaches the system of claims 1 and 6 as described above.

Lencki further teaches wherein the selection of a payment relationship includes a plan sponsor rule selection from among the group of:

a percentage payment amount, (page 1, para. 11 and page 13, para. 174); and

a fixed payment amount among selected categories within particular classes of services, (page 1, para. 11, and page 22, para. 258).

14. Regarding claim 10, Lencki teaches the system of claims 1 and 6 as described above.

Lencki further teaches wherein the selection of which funds between the FSA and the HRA are to be applied includes a selection of a plan sponsor role and a member rule, (page 8, para. 131, page 9, para. 146, and page 22, para. 258).

15. Regarding claim 11, Lencki teaches the system of claim 1 as described above. Lencki

further teaches wherein the one or more client files include one or more member files accessible from a remote device by one or more entities having authorized access rights, (page 11, para. 159), the one or more entities selected from the group of:

a plan sponsor, (page 27, para. 313 and page 28, para. 315),

a plan member, (page 5, para. 103);

and a third party administrator.

16. Regarding claim 12, Lencki teaches the system of claim 1 as described above. Lencki further teaches wherein each client file is associated with a plan sponsor and wherein the plan sponsor can access its associated client file from a remote device to select among the definable set of business rules, (page 27, para. 313, and page 28, paragraphs 314-316).

17. Regarding claim 19, Lencki teaches a computer readable medium including a program to perform a method, comprising:

defining a number of plan sponsor rules to be applied secondary to the application of a set of business rules defined in a health insurance plan by a plan carrier, (page 9, para. 146 and page 22, para. 258); and

defining a number of member rules to be applied in conjunction with the number of plan sponsor rules, (page 9, para. 146 and page 22, para. 258).

18. Regarding claim 20, Lencki teaches the medium of claim 19 as described above. Lencki teaches wherein defining a number of plan sponsor rules includes selecting a payment relationship between a plan sponsor and a plan member for handling a deductible payment associated with a particular claim type under the health insurance plan, (page 7, para. 118).

19. Regarding claim 21, Lencki teaches the medium of claim 19 as described above. Lencki teaches wherein defining a number of plan sponsor rules includes selecting a payment relationship between a plan sponsor and a plan member for handling a co-payment associated with a particular claim type under the health insurance plan, (Fig. 22C and page 7, para. 122).

20. Regarding claim 22, Lencki teaches the medium of claim 19 as described above. Lencki further teaches wherein defining a number of plan sponsor rules includes selecting a payment

relationship between a plan sponsor and a plan member for handling a coinsurance payment associated with a particular claim type under the health insurance plan, (page 15, para. 189).

21. Regarding claim 23, Lencki teaches the medium of claim 19 as described above. Lencki further teaches wherein defining a number of plan sponsor rules includes a plan sponsor selecting a hierarchy among a number of plan member health benefit accounts for application of funds to a particular claim type under the health insurance plan, (page 4, para. 83 and page 15, para. 189).

22. Regarding claim 24, Lencki teaches the medium of claims 19 and 23 as described above. Lencki further teaches wherein defining a number of member rules includes a plan member selecting a hierarchy among a number of plan member health benefit accounts for application of funds to a particular claim type under the health insurance plan secondary to the number of plan sponsor rules, (page 4, para. 83, page 9, para. 146, page 15, para. 189, and page 22, para. 258).

23. Regarding claim 25, Lencki teaches the medium of claim 19 as described above. Lencki further teaches wherein the method further includes tracking usage and available balances in a number of plan member health benefit accounts according to the number of plan sponsor rules and member rules, (page 4, paragraphs 83 and 85, page 9, para. 146, page 15, para. 189, and page 22, para. 258).

24. Regarding claim 26, Lencki teaches a method for providing benefits, comprising: selecting a health benefit plan offered by a plan carrier; and further defining rules in addition to rules defined for the health benefit plan by the plan carrier in order to manage fund allocation from a number of plan member benefit accounts, including a health reimbursement account, according to different categories of services, (page 4, paragraphs 83 and 85).

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25. Regarding claim 27, Lencki teaches the method of claim 26 as described above. Lencki further teaches wherein further defining rules includes defining a number of plan sponsor rules associated with different categories of services, (page 8, para. 131, page 9, para. 146, and page 22, para. 258).

26. Regarding claim 28, Lencki teaches the method of claim 26 as described above. Lencki further teaches wherein further defining rules includes defining a number of member rules associated with different categories of services, (page 8, para. 131, page 9, para. 146, and page 22, para. 258).

27. Regarding claim 29, Lencki teaches the method of claim 26 as described above. Lencki further teaches further defining rules includes:
selecting which funds between funds in multiple health benefit accounts are to be applied first to a post-adjudicated claim under the health care plan according to various claim type categories, (page 8, para. 131, page 9, para. 146, and page 22, para. 258); and
selecting a payment relationship between a plan sponsor and a plan member according to various claim type categories associated with different types of services, (page 3, para. 78, page 4, para. 81, and page 28, paragraphs 314-316).

28. Regarding claim 30, Lencki teaches the method of claims 26 and 29 as described above. Lencki further teaches wherein selecting a payment relationship includes defining a plan sponsor percentage payment amount for a claim type category associated with different types of services, (page 1, para. 9), and wherein the claim type is selected from the group including:

an insured category, (page 1, para. 9);

a co-pay category, (page 27, para. 312);

a deductible category, (page 15, para. 190);
and a co-insurance category.

29. Regarding claim 32, Lencki teaches the method of claims 26 and 29 as described above. Lencki further teaches wherein selecting a payment relationship includes defining a plan sponsor fixed payment amount for a claim type category associated with different types of services, (page 1, para. 9), and wherein the claim type is selected from the group including:

an insured category, (page 1, para. 9);
a co-pay category, (page 27, para. 312);
a deductible category, (page 15, para. 190); and
a co-insurance category.

Conclusion

30. The prior art made of record and not relied upon is considered pertinent to applicant's disclosure. The cited but not applied art teaches Apparatus and system for determining insurance benefit amounts based on groupings of long-term care patients with common characteristics (US 6014632 A), System and system for processing and recording the transactions in a medical savings fund account (US 6044352 A), Insurance business system (US 20020069090 A1), System and method for computing a financial projection of a prefunding program for other postretirement employee benefits under FASB statement 106 (US 5802500 A), System for exchanging health care insurance information (US 5890129 A), Automated system and method for providing real-time verification of health insurance eligibility (US 5832447 A).

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Any inquiry concerning this communication or earlier communications from the examiner should be directed to Amber L. Altschul whose telephone number is 571-270-1362.

The examiner can normally be reached on M-Th 7:30-5, F 7:30-4, every other Friday off.


If attempts to reach the examiner by telephone are unsuccessful, the examiner's supervisor, Joseph Thomas can be reached on 571-272-6776. The fax phone numbers for the organization where this application or proceeding is assigned are (571) 273-8300.

Any inquiry of a general nature or relating to the status of this application or proceeding should be directed to the receptionist whose telephone number is 571-272-8219.

ALA

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January 18, 2008


JOSEPH THOMAS
SUPERVISORY PATENT EXAMINER